

**Extension of Program Request
for F-1 students**

Office use only
Initial _____
Date _____
ISRS _____
SEVIS _____

To be completed by the student:

Last Name: _____ First Name: _____
 Student ID #: _____ Email: _____
 Degree Level: _____ Major: _____
 First semester at SCSU: _____ I-20 expiration date: _____
 (Semester/year)

Have you ever been granted a Reduced Course Load? ___ Yes ___ No
 Have you ever applied for Reinstatement? ___ Yes ___ No
 Have you ever been approved for a program extension? ___ Yes ___ No

By signing below, I certify that the above information is true and correct to the best of my knowledge.

 (Signature) (Name – Please Print) (Date Signed)

To be completed by Academic Advisor/Professor:

Number of credits left to be completed: _____
 Are these credits required for graduation? ___ Yes ___ No
 Have you ever had to repeat a course? ___ Yes ___ No
 Recommended new program end date: _____
 (Semester/Year)

Please check the reason this student was unable to complete program:

- | | | |
|---|--|--|
| <input type="checkbox"/> Changed research topic | <input type="checkbox"/> Changed/added major | <input type="checkbox"/> Medical reason |
| <input type="checkbox"/> Unexpected research problems | <input type="checkbox"/> Internship requirements | <input type="checkbox"/> Academic difficulty/ delays |

Please explanation boxes checked above: _____

By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.

 (Signature of Academic Advisor) (Date Signed)

 (Name – Please Print) (Academic Department) (Phone)